Public Health
IOWA HHS

Epi Update for Friday, January 5, 2024

CENTER FOR ACUTE DISEASE EPIDEMIOLOGY (CADE)
BUREAU OF HIV, STI, AND HEPATITIS

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Items for this week's Epi Update include

- **CDC: Respiratory virus activity increasing, urgent need to increase vaccination rates**
- **Mpox remains a risk in U.S, new transmission identified in Democratic Republic of Congo**
- **Rocky Mountain spotted fever among people with recent travel to Tecate, Mexico**
- **Infographic: Guide for considering influenza testing and treatment when influenza viruses are circulating in the community**
- **Meeting announcements and training opportunities**

CDC: Respiratory virus activity increasing, urgent need to increase vaccination rates

Per CDC, low vaccination rates against influenza, COVID-19, and RSV, coupled with ongoing increases in national and international respiratory disease activity caused by these and other pathogens could lead to more severe disease and increased health care capacity strain in the coming weeks. In addition, there has been a recent increase in the United States of multisystem inflammatory syndrome in children (MIS-C) following COVID-19 infection.

Currently, the highest respiratory disease activity is occurring across the southern half of the United States, with significant activity in northern states. Nationally in the past several weeks, hospitalizations among all age groups have increased significantly for influenza, COVID-19, and RSV.

Health care providers should administer influenza, COVID-19, and RSV immunizations now to patients, if recommended.

Health care providers should recommend antiviral medications for influenza and COVID-19 for all eligible patients, especially patients at high-risk of severe disease such as older adults and people with certain underlying medical conditions.

Health care providers should also counsel patients about testing and other preventive measures, including covering coughs/sneezes, staying at home when sick, improving ventilation at home or work, and washing hands to protect themselves and others against respiratory diseases.

To view the full CDC advisory, including detailed immunization and treatment recommendations, visit emergency.cdc.gov/han/2023/han00503.asp.

Mpox remains a risk in U.S, new transmission identified in Democratic Republic of Congo

Cases of mpox in the United States and Iowa peaked during the summer of 2022, but mpox illnesses, including severe infections, continue to be identified nationally. One case of mpox was identified in Iowa in 2023. No cases have been identified in Iowa in 2024.

Anyone who has been in close contact with someone who has mpox is at risk to be infected. Vaccination is an important tool in preventing the spread of mpox. Protection builds in the days and weeks after the first dose, but the vaccine will provide the best protection two weeks after the second dose.

CDC recently announced sexually associated transmission of Clade I mpox in the Democratic Republic of the Congo (DRC). Clade I has not been reported in the United States at this time. Clade II is associated with ongoing cases in the United States. Health care providers should contact CADE at 515-242-5935 if they suspect mpox in a patient with recent travel to DRC or a patient who has been in close contact with someone with consistent symptoms and travel to DRC.

Health care providers who suspect mpox in a patient without a connection to DRC can continue to utilize PCR testing at SHL with no preapproval required.

For more information about mpox vaccination in Iowa, visit hhs.iowa.gov/public-health/immunization/mpox-mpv.

For test request forms and specimen guidelines for mpox testing at SHL, visit www.shl.uiowa.edu/testmenu/menupages/mpox.xml.

For more information about mpox, including cases in the United States and detailed information about mpox in DRC, visit www.cdc.gov/poxvirus/monkeypox/index.html.

Rocky Mountain spotted fever among people with recent travel to Tecate, Mexico

CDC recently announced the identification an outbreak of Rocky Mountain spotted fever (RMSF) among people in the United States with recent travel to or residence in the city of Tecate, state of Baja California, Mexico. As of December 8, five patients in the United States have been diagnosed with confirmed RMSF since late July 2023 who had travel to or residence in Tecate within 2 weeks of illness onset.

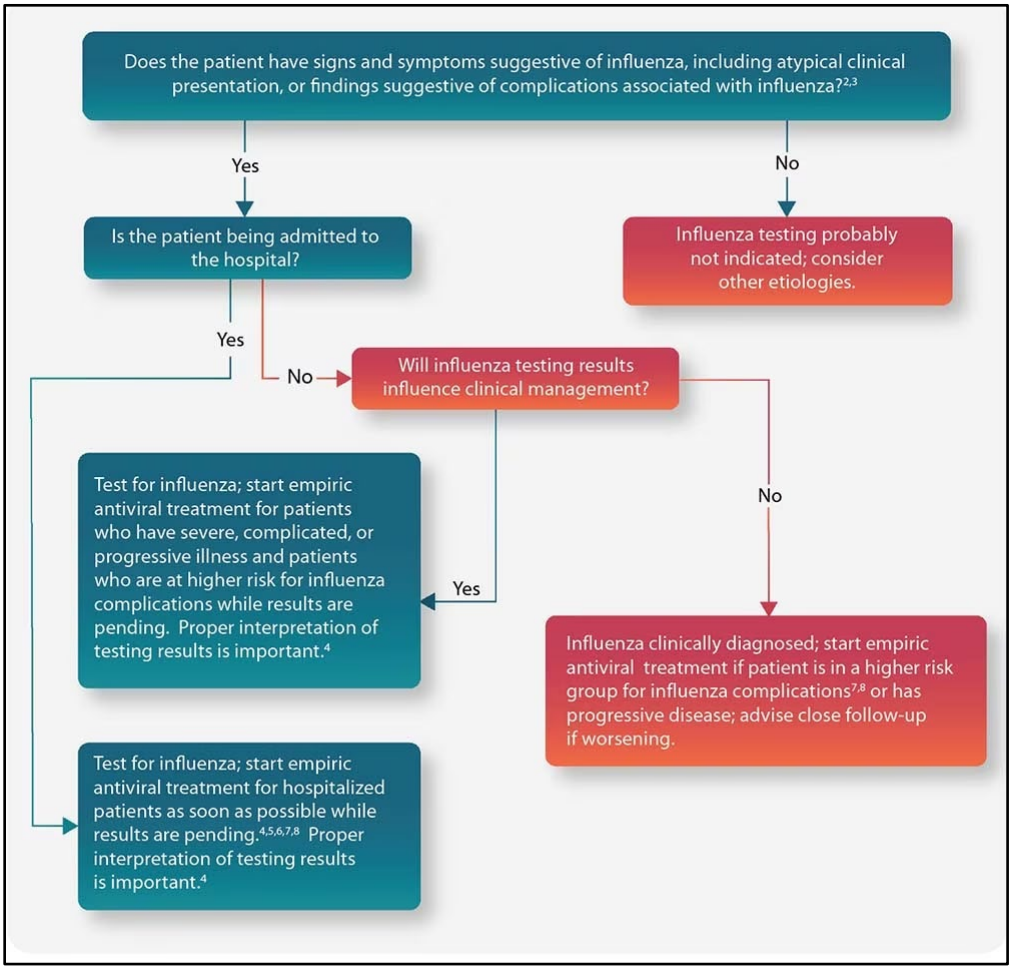
RMSF is a rapidly progressive disease, and without early administration of antibiotics (doxycycline) the disease can be fatal within days. RMSF symptoms can be relatively mild and non-specific during the first one to four days of illness and may include a low-moderate fever, headache, gastrointestinal symptoms, abdominal pain, myalgia, rash, and edema around the eyes and on the back of hands. Patients with more advanced disease, generally on or after day five of their illness, may develop altered mental status, coma, cerebral edema, respiratory compromise, necrosis, and multiorgan system damage. Half of all people who die from RMSF succumb within eight days of illness onset.

Health care providers should consider RMSF in their differential diagnosis of patients who report recent travel to Tecate, Mexico, or other areas of northern Mexico and subsequently develop signs or symptoms of an unexplained severe febrile illness.

Health care providers should consider initiating doxycycline based on presumptive clinical and epidemiologic findings, and not delay treatment pending the result of a confirmatory laboratory test. Early treatment with doxycycline saves lives.

To view the full CDC HAN advisory, visit emergency.cdc.gov/han/2023/han00502.asp.

Infographic: Guide for considering influenza testing and treatment when influenza viruses are circulating in the community



To view in full size, visit www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm.

Meeting announcements and training opportunities

The Iowa HHS Healthcare Associated Infections (HAI) Program will be hosting a free webinar, *Infection Prevention and Control Practices: Working with Patients in Isolation*, on Wednesday, January 10, at 12:00 noon. Germ transmission can occur when health care personnel unknowingly carry germs on their hands or clothing during patient or resident care. Specific diseases require different types of precautions to protect workers and prevent transmission to patients. Signage is needed to instruct workers what PPE is needed to enter isolation rooms. Prioritizing environmental cleaning and disinfection and effective communication are key elements when working with patients in isolation. Continuing education credits will be provided. Register in advance at ecri.zoom.us/webinar/register/WN_623sxiNSRZS7P3aiVqU3UA#/registration.

Have a healthy and happy week!

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